

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-021944**  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5686**

**FILED JUN 7 1963**

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital No. 1</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>2712 Lucas Avenue</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frank</b> Middle <b>Martin</b> Last  |   | 4. DATE OF DEATH<br>Month <b>5</b> Day <b>25</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12-22-99</b> 63 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Minister</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |   |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |   | 17. INFORMANT<br><b>Orean Martin-2712 Lucas Avenue</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>Arterio Sclerosis</b><br>DUE TO (c) <b>4201</b> |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <b>3:25 p.m.</b> Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis (County) Missouri</b>   |   |
| 21. I attended the deceased from <b>3:25 p.m.</b> and last saw her/him alive on <b>5-29-63</b><br>Death occurred at <b>5-31-1963</b> m. on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>Rep. J. P. [Signature]</b>  |   |
| 22b. ADDRESS<br><b>1300 Claiborne</b>  |   | 22c. DATE SIGNED<br><b>5-29-63</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>5-31-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cemetery</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Ellis Funeral Home-2820 Stoddard St.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 29 1963</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Roan Smith. M.D.</b>   |   |  |   |

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.